STATE OF MARYLAND (Montgomery County)

APPLICATION FOR A

CLASS C, SPECIAL ALCOHOLIC BEVERAGE LICENSE FOR USE: SILVER SPRING CIVIC BUILDING

TO THE BOARD OF LICENSE COMMISSIONERS FOR MONTGOMERY COUNTY: APPLICATION IS HEREBY MADE BY THE UNDERSIGNED, UNDER THE PROVISIONS OF ARTICLE 2B OF THE ANNOTATED CODE OF MARYLAND, AS AMENDED, FOR A CLASS C, SPECIAL EVENT LICENSE.

PLEASE PRINT OR TYPE: Applications must be submitted at least 14 days prior to event.

TYPE OF LICENSE REQUE	STED:	Beer/Wine (\$30	per day)	Beer/Wine	e/Liquor (\$60 per day)
NAME OF NON PROFIT SP	ONSORING	ORGANIZATION	:		
ON PROFIT CONTACT NAME: PHONE:					
NON PROFIT WEBSITE:					
NAME OF APPLICANT: _					
APPLICANT ADDRESS: _					
APPLICANT'S PHONE:		CELL:		OTHER:	
APPLICANT'S EMAIL ADD *The applicant must submit a	RESS: form of iden	tification with a Cla	ss C Application	on	
EVENT NAME:					
EVENT LOCATION (Name	of facility and	d complete address)	:		
TYPE OF EVENT: D	ANCE	FUNDRAISER	OTHER:		
DATE(S) OF EVENT:			RAIN D	ATE(S):	
HOURS OF EVENT:		HOURS O	F ALCOHOL S	SERVICE:	
ESTIMATED # OF ATTENI	DEES:		INI	OOOR	OUTDOOR
WILL THERE BE ENTERTA	AINMENT:	YES	NO		
ENTERTAINMENT WEBSI	TE OR FACE	EBOOK PAGE:			
IF YES: TYPE OF ENTERT	AINMENT:				
HOURS OF ENTERTAINMI					

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TYPE OF ADVERTISING:	RADIO	FLYER	INTERNET
	OTHER:		
(A copy of invitation, flyer, any promotion		ith this event, must be su	ubmitted with this application)
WILL THE APPLICANT USE SERVICE EVENT? YES	CES OF A PROP NO	MOTER OR OTHER P	ERSON TO MANAGE THE
IF YES, NAME:		PHON	E:
EMAIL:	WEB	BSITE:	
WILL THERE BE HIRED SECURITY: A Security Plan is required for all outdo website www.montgomerycountymd.gov.plans.	or events and ar	•	
IF YES, SECURITY COMPANY NAM	E:		
CONTACT:		PHONE:	
NUMBER OF SECURITY PERSONNE	EL PROVIDED	AT THIS EVENT:	
FOOD MENU:			
ALCOHOL PLAN: All events must sub- plan should include how you will be serv checking ID's, how drinks will be sold (t will they be differentiated between those SEPARATE SHEET	ring/selling alco ickets, cash bar,	hol (bartender, sectione , etc), if under 21 person	ed off beer garden, etc.), who will be ns are allowed to attend event, how

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Silver Spring Regional Service	Center Director:				
	Signature of Silver Spring Regional Service Center Director				
	Printed Name of Silver Spring Regional Service Center Director				
	Date				
County Executive Representat	ive or Agent:				
· · · · · · · · · · · · · · · · · · ·	ne property owner, or designated agent, and that the above named organization is a said premises on the date(s) specified.				
	Signature of County Executive Representative or Agent				
	Printed Name of County Executive Representative or Agent				
	Date				
Signature	of Applicant (Notarized)				
Printed	Name of Applicant				
STATE OF MARYLAND, CO	UNTY OF MONTGOMERY, to wit:				
made oath in due form of law that knowledge and belief, and that the	day of				
	Notary Public				